MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023996
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1025

FILED JUN 24 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Osteopathic Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2240 N. Main
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Eliza Middle: Ellen Last: Stratton
4. DATE OF DEATH: Month: June Day: 18, Year: 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-14-1871
9. AGE (last birthday): 92
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: In Home
11. BIRTHPLACE (City and state or country): Polk Co. Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Harvey Ankrom
13b. MOTHER'S MAIDEN NAME: Sarah E. Clemmins
14. NAME OF HUSBAND OR WIFE: Widow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Homer Highfill Address: Springfield, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Circulatory Failure
Conditions, if any, which gave rise to above cause (a); stating the underlying cause last.
DUE TO (b): Decompensated Hypertensive Heart Disease
DUE TO (c): Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fell down steps June 3 -Compression fractures of the 5th and 9th dorsal vertebra.
PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour: a.m. p.m. Month, Day, Year:
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
20f. CITY, TOWN, OR LOCATION: COUNTY: STATE:

21. I attended the deceased from I960 to June I6 I963 and last saw her/him alive on June I6 I963
Death occurred at 4:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D. F. Yaull. D.O.
22b. ADDRESS: Springfield Mo
22c. DATE SIGNED: 6/I9/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-20-1963
23c. NAME OF CEMETERY OR CREMATORY: Freewill Baptist Chapel
23d. LOCATION (City, town, or county) (State): Dallas Co. Missouri

24. FUNERAL DIRECTOR: KLINGNER MORTUARY ADDRESS: Spfld. Missouri
25. DATE RECD. BY LOCAL REG.: 6-21-63
26. REGISTRAR'S SIGNATURE: Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1963

6-15-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4071

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.